

FIG. 1

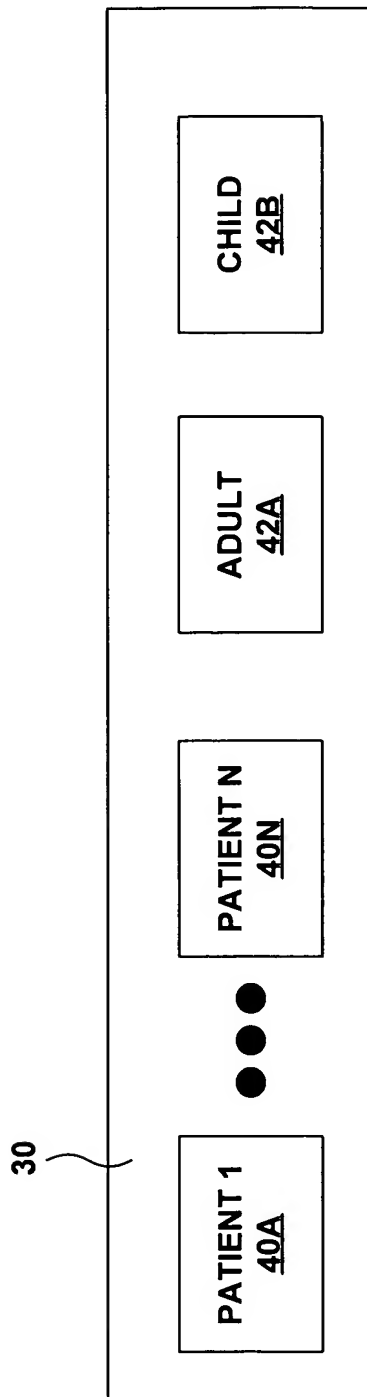


FIG. 2

PERSONAL INFORMATION: NAME/D.O.B./GENDER

CONSENT INFORMATION: CONSENT FOR CARE (E.G. "DO NOT RESUSCITATE")

CONTACT INFORMATION:

NAMES/INFO OF: PHYSICIAN, HOSPITAL, INSURANCE

MEDICAL INFORMATION:

HEIGHT, WEIGHT, MEDICATIONS, ALLERGIES, CHEST CIRCUMFERENCE, PRIOR CARDIAC CONDITIONS, IMPLANTED DEVICES, TRACKING INFORMATION FOR IMPLANTED DEVICES, NORMAL CARDIAC RHYTHM, STORED ECG WAVEFORMS, TRANSTHORACIC IMPEDANCE

THERAPY INFORMATION:

THERAPY PARAMETERS

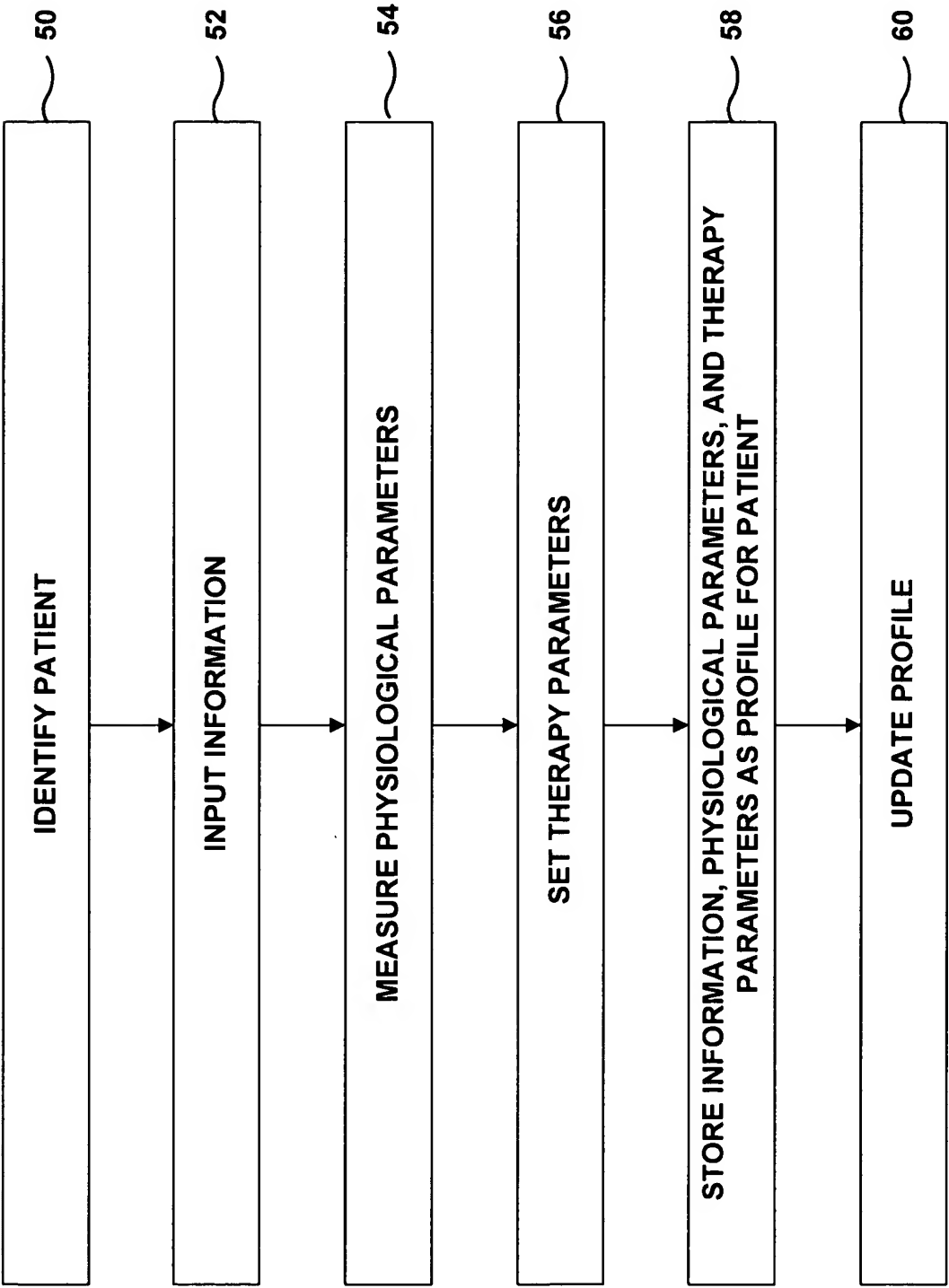


FIG. 4

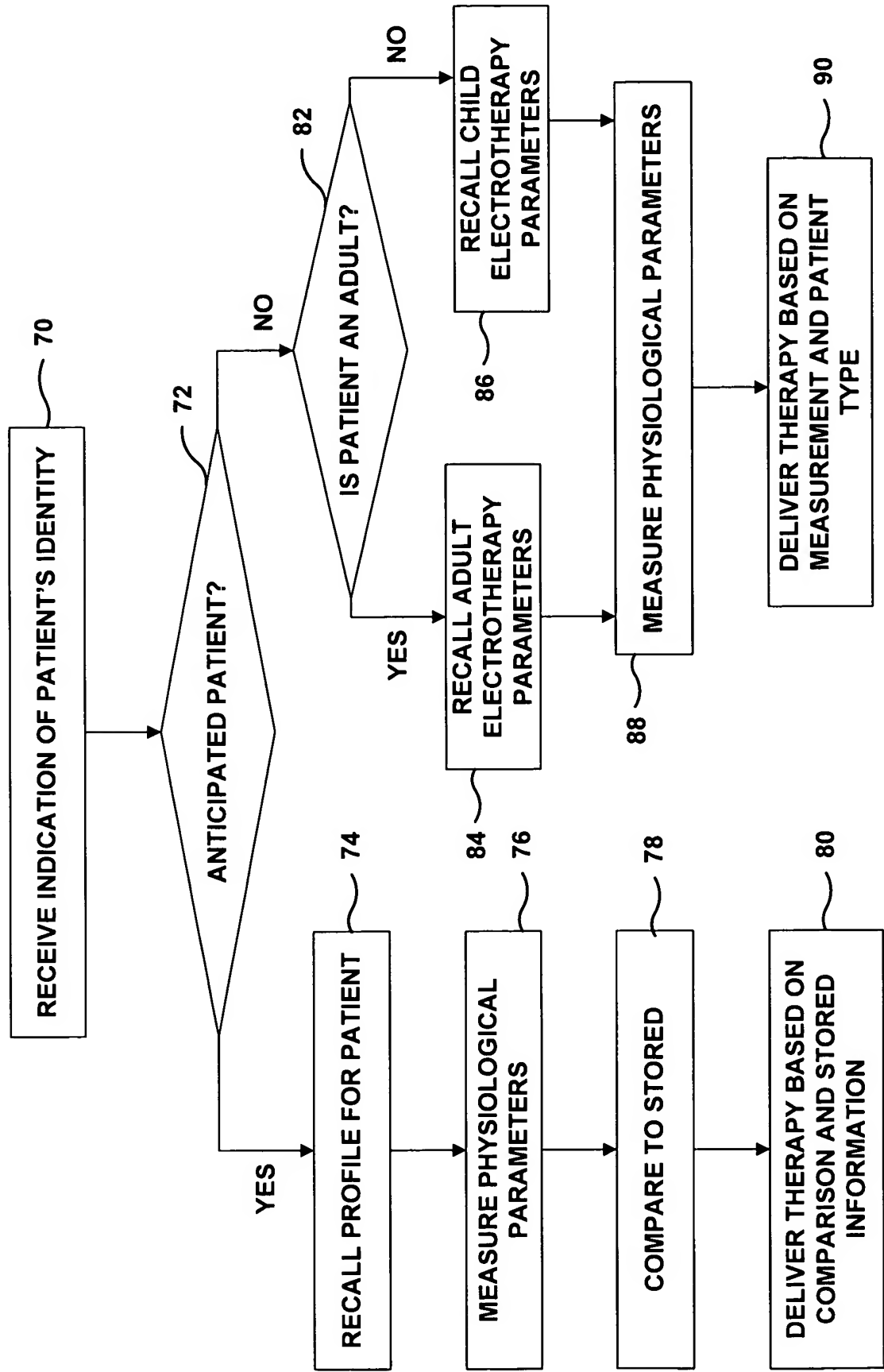


FIG. 5

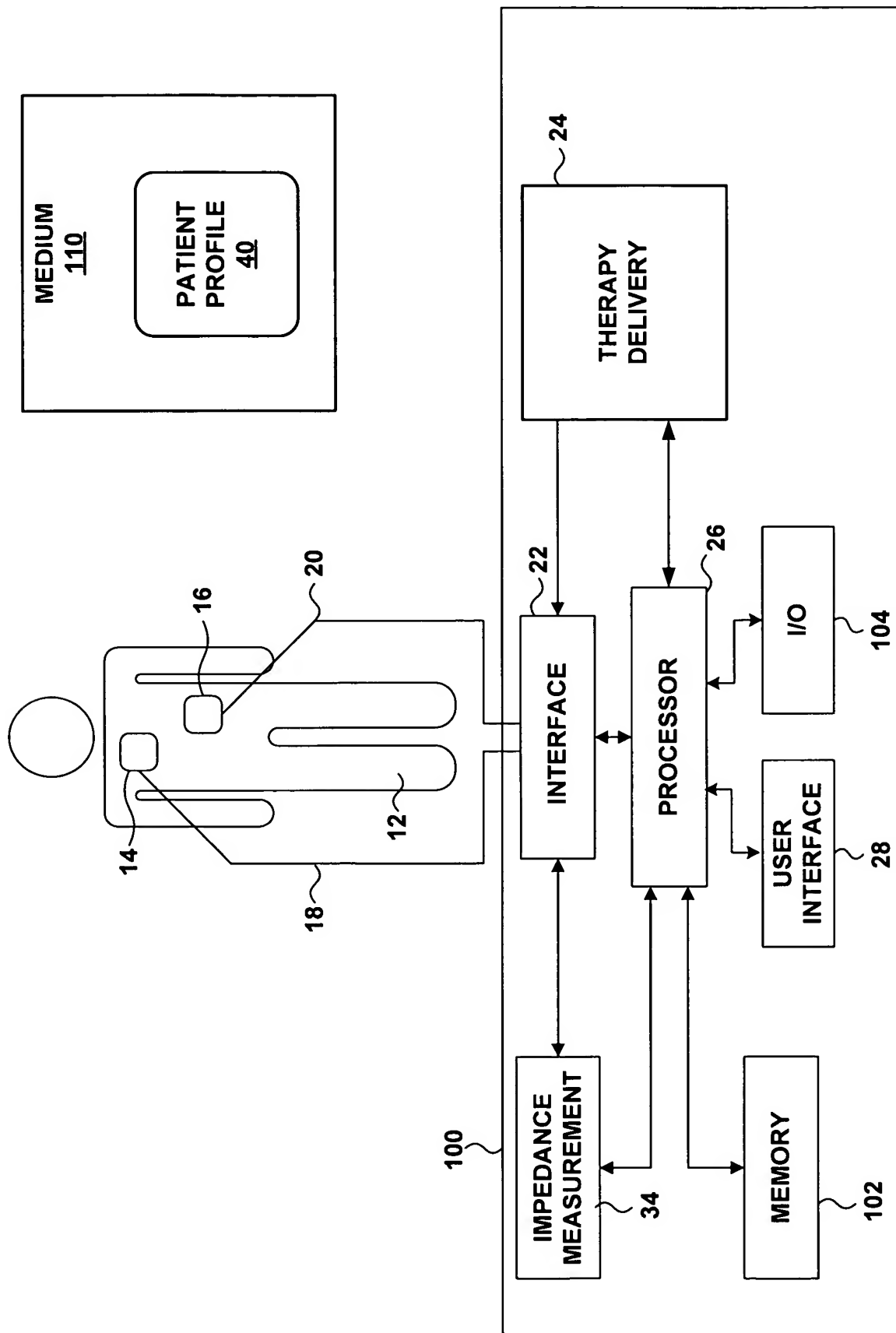


FIG. 6

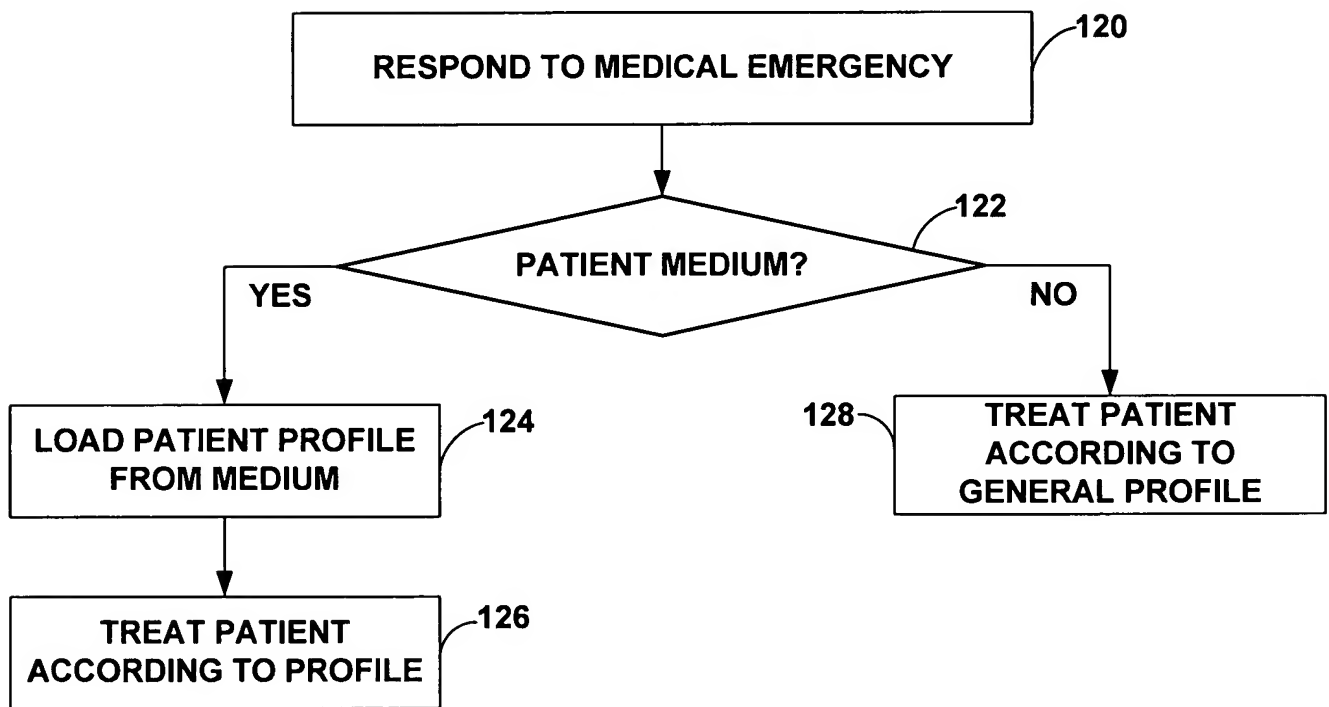


FIG. 7